



**Virginia Murray Sowell Center for
Research and Education in Sensory Disabilities
Texas Tech University**

**College of Education
3008 18th St.
Lubbock, TX 79409**

**Project CAT-SI: Collaboration and Assistive Technology for
Students with Sensory Impairments 2016-2018**

A limited number of scholarships are available for the Collaboration and Assistive Technology for Students with Sensory Impairments (CAT-SI) program. To apply, submit the following documents to the Project CAT-SI Collaborative Partner in your state, Joanne Whitson, via mail to the address at the end of this application, postmarked by **Friday, October 23, 2015**. Scholarship recipients are expected to begin the program with the Spring 2016 semester, starting in January 2016 and completing in May 2018.

To be eligible for this scholarship, you must be a general or special education teacher with current licensure/certification/endorsement in your state and be a U.S. citizen. Applicants should be aware of the requirements for certification or licensure in their state before applying for the CAT-SI scholarship. If you are selected as a scholarship recipient, upon completion of the program of studies, you will be eligible to be certified in your state in your specialization area.

Biographical Data

1. Full Legal Name _____
(Last) (First) (Middle)

2. Gender ☐ Male ☐ Female

3. Social Security Number _____

4. Present Mailing Address:

Address: _____

(City) (State) (Zip Code)

Do not use after this date: (mm/dd/yr) _____

Permanent Address (If different from above)

Address: _____

(City) (State) (Zip Code)

If you receive a scholarship some materials will be sent to you using FedEx which may require a signature. Please provide an address where you would like your materials sent:

Mailing Address:

Address: _____

(City) (State) (Zip Code)

5. Email address(es): _____

6. Phone numbers: Daytime: _____ Evening: _____

Cell: _____

7. Are you a citizen or permanent resident of the United States of America or a U.S. Territory?

____ YES ____ NO

If yes, which state is your legal residence? _____

8. I am applying for:

____ Program of studies in Deafblindness (DB)

____ Program of studies in Deaf and Hard of Hearing (DHH)

____ Program of studies in Visual Impairment (VI)

____ Program of studies in Orientation and Mobility (O&M)

9. Which of the following best describes you?

___ American Indian or Alaska Native

___ Asian

___ Black or African American

___ Native Hawaiian or Other Pacific Islander

___ White

___ Other (please specify) _____

Are you Hispanic or Latino? Y N

10. Check the degrees or certificates you currently hold (check all that apply):

___ Associate Degree

___ Bachelor's Degree

___ Master's Degree

___ Educational Specialist

___ Doctoral Degree

___ Post-doctoral degree

___ State or professional credential/certificate

___ State-issued endorsement

___ Grantee-issued endorsement

___ High School diploma or equivalency

___ Other (please specify) _____

11. List the address and contact information for a relative or other person not living with you through which you can be contacted:

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt Phone: _____

Fax: _____ Email: _____

Academic Data

Please list below all undergraduate and graduate college/universities and/or professional schools you have attended, in chronological order. Attach an additional page if necessary.

SCHOOL	FROM	TO	DEGREE/MAJOR

Professional Data

Please list your teaching or other professional certifications, including where they were obtained and in which areas. Attach an additional page if necessary.

CERTIFICATION	OBTAINED FROM	AREA

Employment

Name of Current Employer: _____

Location: _____

Job title: _____

Additional Materials

1) Biographical essay and photo

Tell us about yourself, including your interests and work experience. Your essay should not exceed one page in length. Please double space and use 12-point font. Attach a recent photo of yourself.

2) Essay Question

Please respond to the questions below. Your response should not exceed three typed pages in length (12-point font, double spaced). Use standard, professional, high-quality writing style.

What are your interests within the field of deafblindness, deafness, visual impairment, or orientation and mobility? How do you envision using your education upon completion of your graduate program? How will your training help students or programs in your state or region? Are there any additional skills that you have that will help you as a teacher in your state or region (languages spoken, community leadership experience, etc.)?

3) Letters of Reference

Please submit two letters of reference. These should attest to your professional abilities, leadership skills and perseverance, and explain why you should be selected to receive the Collaboration and Assistive Technology for Students with Sensory Impairments scholarship.

4) Vita or Resume

Please include a copy of a current vita or resume showing educational and work experience.

5) Teaching Commitment Obligation

Please read and sign the Teaching Commitment Obligation form. The electronic version of this document may include a typed signature, but the mailed copy must include an original hand-written signature.

Teaching Commitment Obligation and Scholarship Requirements

I understand that if I am selected to receive a Project CAT-SI scholarship, I must:

- 1) teach on a fulltime basis in an approved, special education program for a minimum of two consecutive years for each year of scholarship received (see <http://www.serviceobligations.ed.gov/1999%20faq.pdf> for information on federal service obligation)
- 2) begin the first school year of eligible fulltime teaching service in an EC-12 school program within twelve months from the date I receive my certification, and
- 3) provide employment verification to Dr. Rona Pogrud at Texas Tech University until my obligation is fulfilled.

I understand that failure to comply with the above will result in a requirement to repay any scholarship funds received.

I understand that withdrawing from the program prior to completion will require me to refund all monies spent on tuition, travel, books, and other expenses.

I understand that not completing the program by the planned completion date may require me to pay for my own expenses beyond the planned completion date.

I understand that if money has been paid up front for travel which I do not complete, I will be required to refund the program for those expenses. Expenses for unused airline tickets will not be reimbursed once used for class travel. Penalties for changing flights will not be reimbursed by the program.

I understand that signing below does not guarantee selection as a Project CAT-SI scholarship recipient.

Print full legal name

Signature

Date

Return completed application postmarked no later than October 23, 2015 to: Joanne Whitson, Deaf-Blind Project Director
215 West Buffalo, Carbon Building Room 325
Rawlins, WY 82301